



The
Joint Pathology
Center

**DEFENSE HEALTH AGENCY
THE JOINT PATHOLOGY CENTER (JPC)**

606 Stephen Sitter Avenue
Silver Spring, Maryland 20910-1209

Anatomic Pathology Quality Review (APQR) Enrollment Form

Please be advised that no histopathological review will be conducted by the JPC for these submissions. JPC policy is to provide such review only when expressly requested using a JPC Contributor's Consultation Request Form. If you have any questions regarding the status of a case, please contact JPC Customer Services at dha.ncr.ncr-medical-dir-jpc.mbx.help@mail.mil via encrypted email or by fax at: (301) 295-0104.

MAIL THIS ENROLLMENT FORM AND CASE MATERIAL TO:

ATTN: APQR
Joint Pathology Center
606 Stephen Sitter Avenue
Silver Spring, Maryland 20910-1209

DO NOT USE FOR CONSULTATION

FACILITY ENROLLMENT

FACILITY NAME:		
MAILING ADDRESS:		
VISN ID:		
STATION CODE:		
PHONE:		
FAX:		
LABORATORY DIRECTOR:	NAME (First, MI, Last)	EMAIL ADDRESS
PRIMARY CONTACT:	NAME (First, MI, Last)	EMAIL ADDRESS
ALTERNATE CONTACT:	NAME (First, MI, Last)	EMAIL ADDRESS

PROGRAM SURVEY

1. Number of Full-Time Employee (FTE) pathologists assigned.	
2. Annual surgical case load.	
3. Number of special stains performed (Per Year).	
4. Number of Immunohistochemistry procedures performed (Per Year).	
5. Number of Hematoxylin and Eosin (H&E) procedures performed (Per Year).	
6. Do you use an outside/reference laboratory for staining procedures?	

REPORT RECIPIENT(S)

RECIPIENT EMAIL 1:	RECIPIENT EMAIL 2:	RECIPIENT EMAIL 3:
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APQR Case Submission

DO NOT USE FOR CONSULTATION

CASE SUBMISSION

APQR CONFERENCE:

SUBMISSION DATE:

RETURN MAILING ADDRESS:

CASE 1 - DETAILS

CASE CATEGORY:

PRIMARY DIAGNOSIS:

PRIMARY DIAGNOSIS SNOMED:

SURGICAL NUMBER:

MATERIALS SUBMITTED:

GLASS SLIDES

CD/DVD

X-RAYS

OTHER

**STAIN PROCEDURES
SUBMITTED:**

CASE 2 - DETAILS

Case Category:

Primary Diagnosis:

Primary Diagnosis SNOMED:

Surgical Number:

Materials Submitted:

Glass Slides

CD/DVD

X-Rays

Other

**Stain Procedures
Submitted:**



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CASE 3 - DETAILS				
Case Category:				
Primary Diagnosis:				
Primary Diagnosis SNOMED:				
Surgical Number:				
Materials Submitted:	Glass Slides	CD/DVD	X-Rays	Other
Stain Procedures Submitted:				
CASE 4 - DETAILS				
Case Category:				
Primary Diagnosis:				
Primary Diagnosis SNOMED:				
Surgical Number:				
Materials Submitted:	Glass Slides	CD/DVD	X-Rays	Other
Stain Procedures Submitted:				
CASE 5 - DETAILS				
Case Category:				
Primary Diagnosis:				
Primary Diagnosis SNOMED:				
Surgical Number:				
Materials Submitted:	Glass Slides	CD/DVD	X-Rays	Other
Stain Procedures Submitted:				
AGREE TO TERM(S)				
I certify the information provided on this form is accurate.				
PREPARER NAME:				DATE: